

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
09778746

FILING DATE  
2/8/01

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3	1					
4	2	3				
5	2	3				
6	1					
7	1					
8	1					
9	1					
10	1					
11	2					
12	1					
13	1					
14	1					
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48						
49						
50						
TOTAL IND.	12					
TOTAL DEP.	15					
TOTAL CLAIMS	15					

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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